Children’s Anxiety Life Interference Scale (CALIS) Scoring

For all questions the responses are scored as follows:
- Not at all 0
- Only a little 1
- Sometimes 2
- Quite a lot 3
- A great deal 4

Parent Form
Child Interference Subscale (9 items): Sum responses for question 2 and questions 3a - 3h.
Family Interference Subscale: Sum responses for questions 4a - 4i.

Child Form
This is a single subscale (9 items): Sum responses for question 2, questions 3a - 3h, & question 4.

Basic Psychometric Properties

- These statistics were determined using a sample of 454 children 6-13 yrs diagnosed with at least one anxiety disorder.

Reliability
- Cronbach’s alpha for interference on the child’s life was .80 based on child report, and .79 and .83 for mother and father report respectively. Alphas for interference on the parents’ life were .88 for mother report and .89 for father report.
- Temporal stability of the measure was obtained from waitlist data collected during treatment trials. Data on 26 children who had waited for between 6 and 10 weeks (mean 7.5 weeks, sd 1 week) were collected. Intra-class correlations showed substantial stability for child (ICC=.84) and father (ICC=.80 regarding child and ICC=.88 regarding self) reports, and moderate stability for mother report (ICC=.56 regarding child and ICC=.67 regarding self).

Validity
- Moderate to strong positive correlations were evident for measures of self-reported internalizing symptoms (SCAS, MASC* and SDQ – Emotional Symptoms) with much weaker positive correlations being evident between anxiety interference scores and externalizing symptoms (SDQ – Conduct Problems and Attention/Hyperactivity subscales). CALIS scores were also positively correlated with the number of diagnosed anxiety disorders in the child and strongly correlated with scores on the Sheehan Disability Scale-Revised*.
- * For the MASC & SDS-R a 2nd sample of 31 anxiety disordered children 6-17 were used.

© Centre for Emotional Health, Macquarie University, Sydney
www.ceh.mq.edu.au
Anxious Population Norms

- No age, gender or interaction effects were evident for any of the CALIS components.

Descriptive statistics for the total scores on the Life Interference Scale – Child and Parent.

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Reported Interference</td>
</tr>
<tr>
<td>Mother Report of Child Interference</td>
</tr>
<tr>
<td>Mother Report of Personal Interference</td>
</tr>
<tr>
<td>Father Report of Child Interference</td>
</tr>
<tr>
<td>Father Report of Personal Interference</td>
</tr>
</tbody>
</table>

Clinical Utility

- Evidence for sensitivity to treatment change of the CALIS was gathered using 102 children who completed CBT treatment. Repeated measures ANOVAs were conducted using pre and post treatment scores. Significant differences were found for child rated interference, F(1,96)=37.76, p<.001, η²=.28, mother report of child interference, F(1,101)=168.23, p<.001, η²=.63, father report of child interference, F(1,81)=86.79, p<.001, η²=.52 and for both mother and father reports of personal life interference, F(1,101)=101.51, p<.001, η²=.50 and F(1,82)=41.69, p<.001, η²=.34 respectively. In all analyses interference scores decreased between the pre and post assessments.

- To further examine sensitivity to treatment effects degree of change on the various measures were correlated. Using the child self report and the mother and father reports of interference in the child’s life, moderate significant correlations (p<.001) were found between these scores and change in SCAS scores (child r=.54, mother r=.50, father r=.45) and change in clinician rated severity for the anxiety disorders (mother r=.36, father r=.37). Child reported change in interference did not correlate with clinician rated severity.